

HSA Transmittal Register

Fax #: 501-687-1409

Email: fiops@dpath.com***REQUIRED FIELDS****Company Information**

*Company Tax ID Number: _____

*Company Name: _____

*Contact Name: _____

*Contact Phone: _____ ext: _____

Instructions

1. If sending HSA contributions by check, please mail check and this complete transmittal to the following address:
2. If EFT draft, then please note that DFS will be drafting for the total contribution amount listed below under the amount. Please Mail, email or Fax the completed form to the address below:
3. If Sending via Wire Transfer, then please call DFS at **888-665-1264** and we will supply the Bank Account information necessary to complete the wire transfer.

Mail: **National Advisors Trust SD**
PO BOX 9668
DEPT #4473
CONWAY, AR 72033

Method of Funding

Mail Check: <input type="checkbox"/>	Check #:	_____	Check Date:	____/____/____
*EFT (bank draft): <input type="checkbox"/>	(DFS PULL)	No Fee	*EFT Date:	____/____/____
* EFT Draft Account:	<input type="checkbox"/> Employer Account	<input type="checkbox"/> TPA Account	*Last 4 digits	_____
ACH or Wire Transfer: <input type="checkbox"/>	(TPA\ER PUSH)	<input type="checkbox"/> Wire \$15.00 <input type="checkbox"/> ACH \$0.00	Date:	____/____/____

Amount of Transfer

	Participant\Group	Amount
Total Contribution Amount:	\$ _____	\$ _____
Plus Wire Transfer Fee:	\$15.00 (add to wire)	\$ _____
Total Amount Transferred:	\$ _____	\$ _____

Security Signature

***Authorized Signature X:** _____ /____/____
(An authorized signature must accompany each HSA transfer of money to be valid)

Please Print Name: _____